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CONFIRMATION NO. 5605

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/002,211	<b>FILING OR 371(c) DATE</b> 12/05/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 018733-1066
<b>APPLICANTS</b> Milton D. Goldenberg, Mendham, NJ;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/110,181 07/06/1998 PAT 6,331,175 which is a DIV of 07/866,789 04/07/1992 PAT 5,776,093 which is a CIP of 07/167,077 03/11/1988 PAT 5,101,827 which is a CON of 06/751,877 07/05/1985 PAT 4,735,210				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/23/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 32
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 10		
<b>ADDRESS</b> HELLER EHRMAN & McAULIFFE LLP 1666 K STREET NORTHWEST SUITE 300 WASHINGTON ,DC 20006				
<b>TITLE</b> Method and kit for imaging and treating organs and tissues				
<b>FILING FEE RECEIVED</b> 772	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	